

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09770217

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
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TOTAL IND.	4	20				
TOTAL DEP.			2	2	2	2
TOTAL CLAIMS	24	22	2	2	2	2

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			2	2	2	2
TOTAL DEP.			2	2	2	2
TOTAL CLAIMS			2	2	2	2

Best Available Copy